

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

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| 1. TRANSMITTAL NUMBER: <u>7002 - 0 2</u> | 2. STATE: <u>MS</u> |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE <u>May 1, 2002</u> | |

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

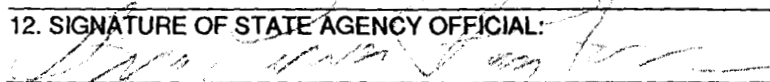
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

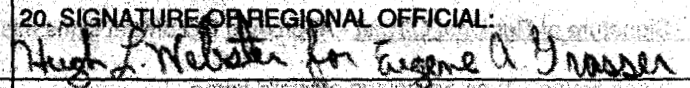
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: <u>42 CFR 440.120</u> | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$ <u>6.70</u> b. FFY <u>2004</u> \$ <u>2.40</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A, Exhibit 12c</u> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 3.1-A, Exhibit 12c</u> |

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a result of the passage of House Bill 2002 by the Mississippi Legislature during the current legislative session (2002). This amendment amends the division of Medicaid to add (1) rate of expenditures every five (5) years and (2) rate of expenditures not exceeded by reason of the budget, etc.

11. GOVERNOR'S REVIEW (Check One): ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Ricka Lewis-Payton, Executive Director Miss. Division of Medicaid Attn: File Name Computer 229 North Lamar Street, Suite 601 Jackson, MS 39201-1399 |
| 13. TYPED NAME: <u>Ricka Lewis-Payton</u> | |
| 14. TITLE: <u>Executive Director</u> | |
| 15. DATE SUBMITTED: <u>May 1, 2002</u> | |

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| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: <u>May 1, 2002</u> | 18. DATE APPROVED: <u>June 25, 2002</u> |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>May 1, 2002</u> | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: <u>Eugene A. Grasser</u> | 22. TITLE: <u>Associate Regional Administrator</u> <u>Division of Medicaid and State Operations</u> |

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED.

12d. Eyeglasses:

Eligible beneficiaries age 21 years and over are qualified for eyeglasses as prescribed by an ophthalmologist or optometrist (including eyeglasses needed after eye surgery). The beneficiary is allowed one (1) pair of eyeglasses every five (5) years. Beneficiaries under age 21 are eligible for eyeglasses as determined through the EPSDT Screening Program.

TN # 2000-05

Superseded TN # 2000-08

Date Approved JUN 25 2002
Date Effective MAY 01 2002